

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047316

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 143

FILED JAN 3 1964

DO NOT WRITE  
ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carrollton</b>		c. CITY OR TOWN <b>Carrollton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Carroll Co. Mem. Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>208 West Heidel</b>	
3. NAME OF DECEASED (Type or print) First <b>ROBBIE</b> Middle <b>E.</b> Last <b>MARTIN</b>		4. DATE OF DEATH Month <b>December</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/19/1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homework</b>	
11a. FATHER'S NAME <b>G. C. Walden</b>		11b. MOTHER'S MAIDEN NAME <b>Martha Ann Welch</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. SOCIAL SECURITY NO. <b>Charlene Huff, Carrollton, Mo.</b>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) <b>General Atherosclerosis</b> General Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) <b>Chronic Stomach with Metastasis to Liver</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Dec 21 1963</b> , to <b>Dec 23 1963</b> and last saw her alive on <b>Dec 23 1963</b>		Death occurred at <b>4 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Raymond Sales, M.D.</b> (Degree or title)		22b. ADDRESS <b>1111 N. Folsom</b> <b>Carrollton, Mo. 64633</b>	
22c. DATE SIGNED <b>12/26/63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>12/26/1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Dewitt, Missouri</b>		24. FUNERAL DIRECTOR <b>Marshall Mortuary</b>	
25. DATE RECD. BY LOCAL REG. <b>Dec 26-63</b>		26. REGISTRAR'S SIGNATURE <b>Marydlean</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.